MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFAR 18 1002

DO NOT WRITE	AMENDED Registration District No. Primary Registration District No. Registrat's No.																	
ON THIS STUB		-	11060		F-II- AIIG 2 9 1963  1. PLACE OF DEATH  1. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before													
	- 1	1	1	,	7.	PLACE OF DEATH					Í		-		d. If institution:			
:VS 300	15	1				a. COUNTY						a. STATE MO.		. COUNTY		admission)		
Rev. 4/59	AAAENIDED	<u> </u>	1				porate limits, give TOWN:	HIP onl	y) [L	ength of stay in	n Ib	c. CITY			····	Inside Limits		
,		į				TOWN St.	Louis				ı	OR TOWN St	T	_	i	Yes No 🖂		
ן ו	[2		li		_	<del>_</del>		·\ -		<del></del>		200	Loui					
	وا			1		HOSPITAL OR INSTITUTION T.4	NOT in hospital, give loca	ionj		Inside Lim		d. STREET ADDRESS	_		give location)	Reside on Farm		
· <sup>2</sup> 20	2					INSTITUTION LE	ttle Flower (	on.	Home	Yes □ No	·□∣	691	6a Mo	<b>ellenho</b> :	ff.	Yes 🔲 No 🗀		
	ላዦ	3	+	┥ ┃	=	NAME OF DECEASED				·		1						
3,		1			3	(Type or print)	First	•		ldle		Last بر .	4. DATE OF	Mor	ith Day	Year		
							ELSIE		C	•		EDWARDS	DEATH	A	ug. 20	1963		
• 4 _ [					5.	SEX	6. COLOR OR RACE	7. M	arried 🔲	Never Married	d []	8. DATE OF BIRTH	9. AGE	last birthday)	IF UNDER I YEAR	IF UNDER 24 HR		
5 2						Female	White	Wid	dowed 🗷	Divorce		10-10-1888		74	Months Days	Hours Min. *		
5 2					ŤO	. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BU	SINESS OR IND	USTRY	11. BIRTHPLACE (C	ity and sta	le or country)	12. CITIZEN OF	WHAT COUNTRY		
ا ہ			li	1 1		during most of working life, even if retired)								псл				
	۶۱					Housework		Ц	At Ho			Sumner,			U.S.A			
7. /	OILO OILO	ı	li		13	. FATHER'S NAME			136. MOT	HER'S MAIDEN	NAME	•			IUSBAND OR WIFI	_		
	요ㅣ	l.			- 1	Theodore Pep	ple			lolly Hi		_		Late Fra	ank Edwar	ds		
8 /	ဖျ				15	WAS DECEASED EVER	IN U.S. ARMED FORCES?		** ***	A CECUBITY N	<del>-</del> р.	17. INFORMANT		-	Address			
_	⋖				(Y	es, no, or unknown)   (If	yes, give war or dates of NODE	te				R. Ted Pep	nle 6	O Jav A	ve. (19)			
	쀭				_		(Enter only one cause per		(a), (b), an	d (c).						ITERVAL BETWEEN		
10	⋖			Z		PART I.	DEATH WAS CAUSED BY		7 4		-	, ,	7/		١،	NSET AND DEATH		
	يرا ي	:		₹			IMMEDIATE CAUSE (a)	<u> </u>	iru	ralli	r	eulas v	acor.	rooses		months		
11	HIS RECOR	(		덛					л			ealar S Leword				nknow		
		<b>.</b>		12	ļ	Conditio	ns, if any, 1 DUE-TO (b	, (	en	brut !	Ó'n	Reword	ism	•	0	manne		
1/41-1/	တ ပြ	5			- 1	which go	sve rise to	·				\		•				
13	SHT	:		_	- 1	stating t	he under-				_	3 2 X		:				
1	$\overline{z}$			1			ouse last. DUE TO (			<u> </u>								
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ÓΙ	ļ			징	PART II.	OTHER SIGNIFICANT C disease condition given	ONDÍTIC	ONS CONT	RIBUTING TO	DEAT	H but not related to	the termin	PART	III. If deceased there a pregne	was female was incy in last 90 days.		
861	ıς	1	•		CATION		disease condition given		. (=)	-			•	( '	-	No Unknown		
06	<b>Z</b>	1			윤													
	¥۱			1	CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO 10	20a. ACCIDENT SUICID	E .HO	MICIDE	20b. DESCRIB	E HOV	W INJURY OCCURRED.	(Enter natu	ire of injury in	PART 1 or PART 1	l of item IB.)		
	91				삥	YES NO K									•			
-	AMENDMENTS				≾∣	20c. TIME OF Hour	Month, Day, Year		•	<b></b>								
	₹l				WEDICAL	INJURY a.m.,												
RIBBON					₹		-0 100 01000	OF INII	IDY (a.c.	in or shout hor	ne   2	Of. CITY, TOWN, OR	LOCATION	<del></del>	COUNTY	STATE		
= #					İ	20d. INJURY OCCURRE WHILE AT WORK	Ti farm, t	actory,	street, offic	e bidg., etc.)								
<b>-</b>	ا	, l			İ	NOT WHILE AT V												
BLACK OR SITER R	200					27. I attended the dec	resend from NOV.	4.19	62	a	ug	20 1963 and	last saw	er i_ alive:on	aug.	1965		
젊 등							11.00	Α.				e date stated above, an			wiedae, from the	auses stated.		
_ த [		)				Death occurred at						<u> </u>				22c. DATE SIGNED		
USE		3		6		22a. SIGNATURE	<i>7</i>	ree of 1				22b. ADDRESS		, , ,				
USE BLAC OR IYPEWRITER	12	5				yearon	Burnta	w	13 1	10		4919 For	es F I	ark R	W 11.681	16 1/21/13		
<b>-</b>	Ĺ		Щ	∐≩I	23	BURIAL, CREMATION.		23	c. NAME O	F CEMETERY O	R CRE		d. LOCAT	ION (City, tow	n, or county)	(State)		
	lo	REMOVAL (Specify)																
		<u> </u>		其		moval(Mtr) FUNERAL DIRECTOR	Aug. 23, 196	RESS		25.	DAT	E RECD. BY LOCAL RE	G. 2	REGIS RAR'S	IGNATALE A	<u> </u>		
		į		\			228 S. Kingsl		רם זיפי	Train [A]	UG	21 1963		ail . In	uin.	/. <del>2</del> /~		
	<u> </u>	=	! !	100	VL	Tekenaneer a	EEC D. VIIIRBI	TRU	ecra Dr	****   · ·		~						

Fo. 1-2600 12-2:50 Wed.

## STATEMENT BY LICENSED EMBALMER

	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	E. & yet
Student	Signed Odby Alexantl
Signature of Student Embalmer	
	Licensed Embalmer No. 302.4
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.